## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  44367 7590 08/30/2004				Note: A certificate of mailing can only be used for domestic mailings of th Fee(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.					
LOS ANGELES, C	BOULEVARD, SEVE A 90025-1030	_		I hereby certify that the States Postal Service addressed to the Mai	rtificate of Mailing or Trans nis Fee(s) Transmittal is being with sufficient postage for firs il Stop ISSUE FEE address PTO (703) 746-4000, on the d	g deposited with the United st class mail in an envelope above, or being facsimile			
14/2004 BSAYASI2 00000	006 022666 0928847	- \ <b>ນ</b> ຜ	1 2 2004	بيا Carrie Bo	ccaeçini	(Depositor's name)			
FC:1501 1370.00		星	4	anie		(Signature)			
FC:8001 30.00	DA	CV7 &	TRADEMARY O	October 8	3, 2004	(Date)			
APPLICATION NO.	FILING DATE	F	IRST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
09/288,475	04/08/1999		JOEL ZDEPS	KI	OPTVP002	7545			
TITLE OF INVENTION: SY	YSTEM AND METHOD FO	OR ONE TOUCH E	MAIL REPLY						
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1330		\$0	\$1330	11/30/2004			
EXAM	INER	ART UNIT		CLASS-SUBCLASS	]				
VAUGHN JR,	WILLIAM C	2143		709-206000	_				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Blakely, Sokoloff 1 Taylor & Zafman LLP  2  3						
	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee dof this form is NOT	ata will appear of a substitute for f	•• /	nee is identified below, the d	ocument has been filed fo			
OpenTV, Inc. San Fran				ncisco, California					
Please check the appropriate	assignee category or category	ries (will not be prir	ited on the patent	): 🗖 Individual ื C	orporation or other private gro	oup entity 🚨 Governmen			
4a. The following fee(s) are	enclosed:		Payment of Fee(	,					
			A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.						
			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, Deposit Account Number 02-2666 (enclose an extra copy of this form).						
5. Change in Entity Status  a. Applicant claims SM	(from status indicated above MALL ENTITY status. See		b. Applicant i	s no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).			
The Director of the USPTO i NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Issublication Fee (if required) words of the United States Pat	ue Fee and Publicati will not be accepted ent and Trademark (	on Fee (if any) or from anyone oth Office.	to re-apply any previous or than the applicant; a reg	ly paid issue fee to the application is the state of the	ation identified above. he assignee or other party i			
					- ^ ^				
Authorized Signature	210	~		Date	0-8-0 4 1 No55,128				

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## **FEE TRANSI**

Effective 01/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT

(\$) 1,360.00

Complete if Known						
Application Number	09/288,475					
Filing Date	April 8, 1999					
First Named Inventor	Joel Zdepski					
Examiner Name	William C. Vaughn, Jr.					
Art Unit	2143					
Attorney Docket No.	5214P018					

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)							
Check Credit card Money Cother None	3. ADDITIONAL FEES							
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None ☐ None ☐ Deposit Account ☐ ☐ Check ☐ Credit card ☐ ☐ Check ☐ Credit card ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Large Entity   Sma		Sma	nall Entity				
	Fee	Fee	Fee	Fee	-			
Deposit Account 02-2666	Code	(2)	Code	(\$)	Fe	e Description		Fee Paid
Number U2-2000	1051	130	2051	65	Surcharge - late filing			
Deposit Account Diabely Sakoloff Taylor & Zafman I I D	1052	50	2052	25	Surcharge - late prov cover sheet.	isional filing tee or		
Account Name Blakely, Sokoloff, Taylor & Zafman LLP	2053	130	2053	130	Non-English specifica	ation		
The Commissioner is authorized to: ( check all that apply)	1812	2,520	1812	2,520	For filing a request for	•	ation	
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920 *	<ul> <li>Requesting publication</li> </ul>	on of SIR prior to		
Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	1805	1,840 *	1805	1,840 *	Requesting publication	on of SIR after		
Charge fee(s) indicated below, except for the filing fee					Examiner action			
to the above-identified deposit account	1251	110	2251	55	Extension for reply wi			
FEE CALCULATION	1252	430	2252	215	Extension for reply wi			
1. BASIC FILING FEE	1253	980	2253	490	Extension for reply wi			
Large Entity Small Entity Fee Fee Fee Fee Fee Fee Description Fee Paid	1254	1,530	2254	765	Extension for reply wi Extension for reply wi			
Code (\$) Code (\$)	1255	2,080 340	2255	1,040	Notice of Appeal			
1001 790 2001 395 Utility filing fee	1404 1402	340	2401	170 170	Filing a brief in suppo	art of an anneal		
1002 350 2002 175 Design filing fee	1402	300	2402	150	Request for oral hear	• • •		
1003 550 2003 275 Plant filing fee	1451	1,510	2451	1,510	Petition to institute a	=	ina	
1004 790 2004 395 Reissue filing fee 1005 160 2005 80 Provisional filing fee	1452	110	2452	55	Petition to revive - un			
	1453	1,370	2453	685	Petition to revive - un	intentional		
SUBTOTAL (1) (\$)	1501	1,370	2501	685	Utility issue fee (or re	issue)		
2. EXTRA CLAIM FEES Extra Fee from	1502	490	2502	245	Design issue fee			
Ctairns below Fee Paid	1503	660	2503	330	Plant issue fee			
Total Claims	1460	130	2460	130	Petitions to the Comr	nissioner		
Claims 3X	1807	50	1807	50	Processing fee under	37 CFR 1.17(q)		
Multiple Dependent	1806	180	1806	180	Submission of Inform	ation Disclosure St	mt	
Large Entity Small Entity	8021	40	8021	40	Recording each pater property (times numb			
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	1900	790	1900	395	Filing a submission af	• •		
1202 18 2202 9 Claims in excess of 20	1809	, 30	1809	333	(37 CFR § 1.129(a))			1
1201 88 2201 44 Independent claims in excess of 3	1810	790	2810	395	For each additional in examined (37 CFR §			
1203 300 2203 150 Multiple Dependent claim, if not paid	1801	790	2801	395	Request for Continue		F)	<u> </u>
1204 88 2204 44 **Reissue independent claims over original patent	1802	900	1802	900	Request for expedited		-,	
1205 18 2205 9 **Reissue claims in excess of 20 and over	Other fee		1002		of a design application Fee + Ten Copies of J	า		1,360.00
original patent		(000),		ISSUE		Aleui		1,300.00
SUBTOTAL (2) (\$)	n		. F B.					
**or number previously paid, if greater, For Reissues, see below	*Reduced by Basic Fling Fee Paid				SUBTOTAL (3)			1,360.00
SUBMITTED BY						Comp	lete (if applica	ble)
Name (Print/Type) Elena B. Dreszer		gistratio mey/Age		5	55,128	Telephone	(408) 94	
Signature &	1,0				<u> </u>	Date	10-8-0	